



House of Representatives

General Assembly

File No. 202

February Session, 2018

Substitute House Bill No. 5463

House of Representatives, April 4, 2018

The Committee on Human Services reported through REP. ABERCROMBIE of the 83rd Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING THE STUDY OF A MEDICAID PUBLIC OPTION.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (*Effective from passage*) (a) For purposes of this section,
2 "Medicaid public option" means a health insurance plan that allows
3 persons otherwise ineligible for Medicaid to purchase coverage under
4 such health insurance plan. The executive director of the Office of
5 Health Strategy, appointed pursuant to section 19a-754a of the general
6 statutes, in consultation with the study group established pursuant to
7 subsection (b) of this section, shall study whether and how the state
8 should create a Medicaid public option.

9 (b) The executive director of the Office of Health Strategy shall
10 convene a study group that shall include: (1) Three consumer
11 advocates, one each appointed by the speaker, the majority leader and
12 the minority leader of the House of Representatives; (2) three
13 providers, including at least one private insurance provider and two

14 Medicaid-enrolled health care providers, one each appointed by the
15 president pro tempore, the majority leader and the minority leader of
16 the Senate; (3) the Commissioner of Social Services, or the
17 commissioner's designee; (4) the chairman of the Health Care Cabinet
18 established pursuant to section 19a-725 of the general statutes, or the
19 chairman's designee; and (5) the Healthcare Advocate appointed
20 pursuant to section 38a-1042 of the general statutes, or the Healthcare
21 Advocate's designee.

22 (c) The study shall include, but need not be limited to:

23 (1) The total amount of premiums that should be assessed to
24 Medicaid public option enrollees after an actuarial analysis to ensure
25 maximum access to coverage and minimal impact on state resources;

26 (2) Coverage that should be included in a Medicaid public option,
27 including whether benefits should be limited to the ten essential health
28 benefits required pursuant to 42 USC 18022;

29 (3) Scheduling of enrollment periods and whether such enrollment
30 periods should be aligned with enrollment periods adopted pursuant
31 to section 38a-1084 of the general statutes;

32 (4) The level of reimbursement rates to providers needed to ensure
33 that the provider pool meets demand;

34 (5) Whether the state should apply for an innovation waiver under
35 42 USC 18052 to allow eligible persons who enroll in a Medicaid public
36 option to use tax credits and cost-sharing subsidies toward their
37 premiums;

38 (6) Whether to charge enrollees copayments and deductibles and, if
39 so, in what amounts;

40 (7) How to ensure the sustainability of the Medicaid program if the
41 program is expanded to include a Medicaid public option;

42 (8) Whether to sell Medicaid public option coverage on the

43 Connecticut Health Insurance Exchange as a qualified health plan
44 pursuant to 42 USC 18021; and

45 (9) What name should be given to any Medicaid public option
46 created as a result of the study.

47 (d) Within available appropriations, the executive director of the
48 Office of Health Strategy may appoint consultants to assist with the
49 study.

50 (e) Not later than December 31, 2018, the executive director of the
51 Office of Health Strategy shall submit a report, in accordance with the
52 provisions of section 11-4a of the general statutes, on the results of the
53 study to the joint standing committees of the General Assembly having
54 cognizance of matters relating to appropriations and the budgets of
55 state agencies, human services and insurance. The study group shall
56 terminate on the date that it submits such report or December 31, 2018,
57 whichever is later.

| | | |
|---|--------------|-------------|
| This act shall take effect as follows and shall amend the following sections: | | |
| Section 1 | from passage | New section |

HS *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note***State Impact:*** None***Municipal Impact:*** None***Explanation***

The bill, which requires the executive director of the Office of Health Strategy to convene a study group to examine whether and how the state could create a Medicaid public option, does not result in a fiscal impact to the state or municipalities. PA 17-236 prohibits transportation allowances for task force members.

The Out Years***State Impact:*** None***Municipal Impact:*** None

OLR Bill Analysis

sHB 5463

***AN ACT CONCERNING THE STUDY OF A MEDICAID PUBLIC
OPTION.***

SUMMARY

The Office of Legislative Research does not analyze Special Acts.

COMMITTEE ACTION

Human Services Committee

Joint Favorable Substitute

Yea 10 Nay 9 (03/22/2018)